

Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Charles. Burkiss

Town

County

Christ Hill, Hartford

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

02

Male

Apr 4

Age 46

Married

~~Widow~~

Hartford, Conn

~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

7

of

Oliver C. Burkiss

Mother's

Maiden Name

Hunt, Diana

79

How long sick

3 or 4 weeks

Immediate

Accident, Suicide, Homicide

J. E. Hoptner

Hartford, Md

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Frank Cain

Town

Darlington

County

Starford

MARYLAND

Died at

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

4 26

Age

18

Md

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Ellen Cain

Cause of

Primary

Abscess

How long sick

3 weeks

Death

Immediate

Cellulitis

Accident, Suicide, Homicide

Reported by

J. H. Kirk, Md

Address

Darlington

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Wm Edward Coale

Town

County

Died at

Harre de Grace

Harford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4 - 29

Age

1 - 7

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Isaac Coale

Mother's

Maiden Name

Julia Blake

Cause of

Primary

How long sick

3 weeks

Death

Immediate

Enteritis

105

Accident, Suicide, Homicide

Reported by

J. L. Hopkins M.D.

Address

Harre de Grace

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

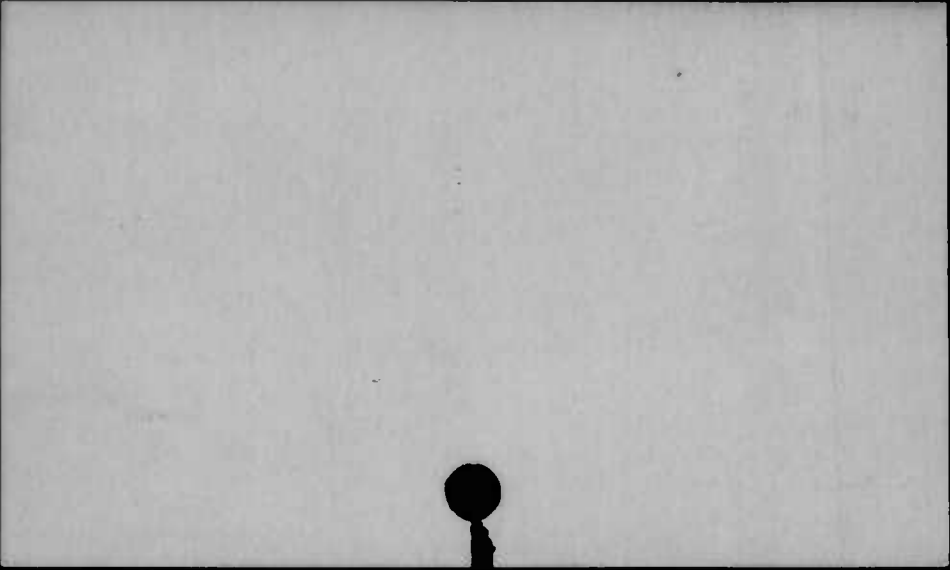


Bessie Coleman

Died at <sup>Town</sup> *Toten's corner* <sup>County</sup> *Harford*

MARYLAND

Date *1902* <sup>Month</sup> *April* <sup>Day</sup> *23<sup>d</sup>* <sup>Y.</sup> *19* <sup>M.</sup> *md* <sup>D.</sup> *md* <sup>Native of</sup> *md* <sup>Occupation</sup> *House*~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *one*~~Husband~~ of *Henry Coleman*Wife  
Father's Name *David Scoff* Mother's Name *Jane Scoff*Cause of <sup>Primary</sup> *Typhoid Fever* <sup>How long sick</sup> *three weeks*Death <sup>Immediate</sup> <sup>Accident, Suicide, Homicide</sup>Reported by *William S. Archer*Address *Bel Air Md*





Name In Full *Ella Eck*  
 Died at *Helder Roads* Town *Helder Roads* County *Hanford* MARYLAND  
 Date 19*02* *April 13* Month *April* Day *13* Y. *17* M. *9* D. *9* Native of *Ma* Occupation *✓*  
*White* ~~Colored~~ *Married* ~~Single~~ *Widow* ~~Divorced~~ *Widow* ~~Widower~~ Number of children living *✓*  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name *Caleb Eck* Mother's Maiden Name *Mina Bush*  
 Cause of Death { Primary *Poison* Immediate *155* How long sick *One hour*  
*Accident, Suicide, Homicide*  
 Reported by *Wm. D. Smith M.D.*  
 Address *Farmerville Md.*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Jacob Forder*  
 Town *Madonna* County *Harford* MARYLAND  
 Died at *Madonna*  
 Date 1902 *4* Month *4* Day *73.2* Age *Pa.* Y. M. D. Native of Occupation *Plasterer*  
 Male *Whites* Married *Widow* Divorced *3*  
 Female *Colored* Single *Widower* Number of children living *3*  
 Husband of *Sarah J. Keith*  
 Father's Name *Samuel Forder* Mother's Maiden Name *Rachel Engles*  
 Cause of Death { Primary *Gangreen* Immediate *142* How long sick *2 months*  
 Accident, Suicide, Homicide  
 Reported by *J. J. Payne M.D.*  
 Address *Sharpsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John H. Hollingsworth

Died at

Town  
MilenaCounty  
Harford

MARYLAND

Date 1902

Month

4

Day

2

Age

Y.

76

M.

8

D.

Native of

Maryland

Occupation

Carpenter

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Jesse Hollingsworth

Mother's

Maiden Name

Julia Hollingsworth

Cause of

Primary

Death

Immediate

Heart Failure 179

How long sick

Accident, Suicide, Homicide

Reported by

Chas. E. Breswell Sub. Registrar Health

Address

Belairton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Thomas B Jarrett

Town

County

Died at Jarrettsville

Harford

MARYLAND

Date 1902 April 10

Month

Day

Y.

M.

D.

Native of

Occupation

Age 65

Married

Widow

Divorced

Male

White

Single

Widower

Number of children living

~~Female~~~~Colored~~~~Single~~~~Widower~~

1

Husband of

~~Wife~~

Fether's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

How long sick

7 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Robert Jennings

Town

County

Died at or near Fellowship M &amp; Church

MARYLAND

Date 1902 April 25th Age 73-9-21 Maryland farmer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living none

Husband of Elizabeth Jennings  
 Wife  
 Father's Name John Jennings Mother's Maiden Name

Cause of Death { Primary General debility 154  
 Immediate + Dropsy  
 How long sick seven months  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anna Johnson

Town

County

Died at

Belair

Harford

MARYLAND

Date 1902 April 10<sup>th</sup>

Month

Day

Y.

M.

D.

Native of

Occupation

Housewife

Age

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

Husband  
of

William Johnson

Wife

Father's

Mother's

Name

Name

93

Cause of

Primary

Pneumonia

How long sick

a week

Death

Immediate

Pulmonary oedema

~~Accident, Suicide, Homicide~~

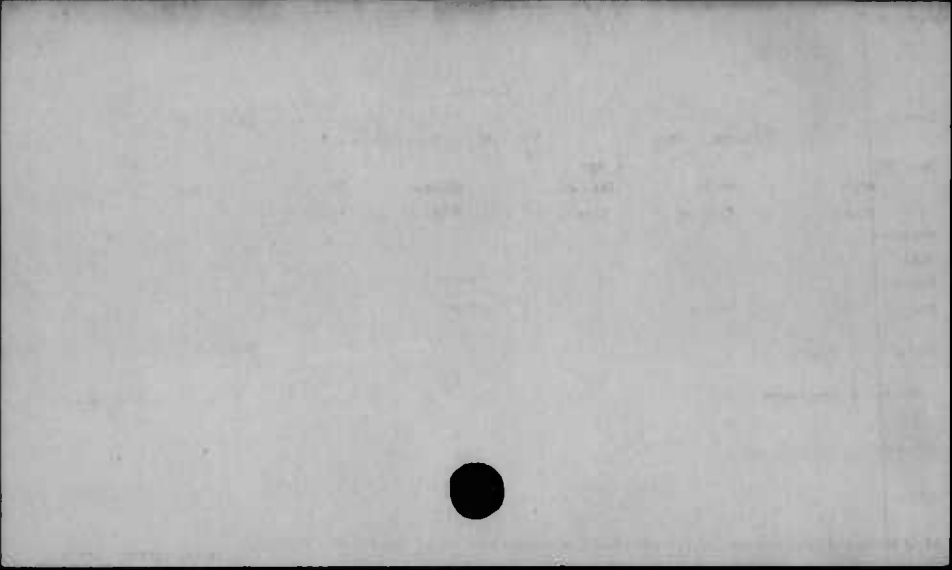
Reported by

A. F. Van Bibber, M.D.

Address

Belair, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Miss Mary E Lytle  
 Died at *Shamsville* Town *Harford* County MARYLAND  
 Date 19*02* Month *4* Day *20* Age *74* Y. M. D. Native of *MD* Occupation *House work*  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Lagrippe**10*

How long sick

*2 months*

Death

Immediate

*Complication of disease*

Accident, Suicide, Homicide

Reported by

*J. T. Payne**M. D.*

Address

*Corbett Bette**Co M. D.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name in Full

Earl

Mouldsdale

Certificate of Death

Died at <sup>Town</sup> Abingdon <sup>County</sup> Harford MARYLAND

Date 189 <sup>Month</sup> 02 <sup>Day</sup> April 25 <sup>Age</sup> 1 1 <sup>Native of</sup> Ind <sup>Occupation</sup>

Male White ~~Marrd~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband  
of  
Wife

Father's Name Ed Mouldsdale Mother's Name Christina Mouldsdale

Cause of Death { Primary Broncho Pneumonia How long sick 12 days

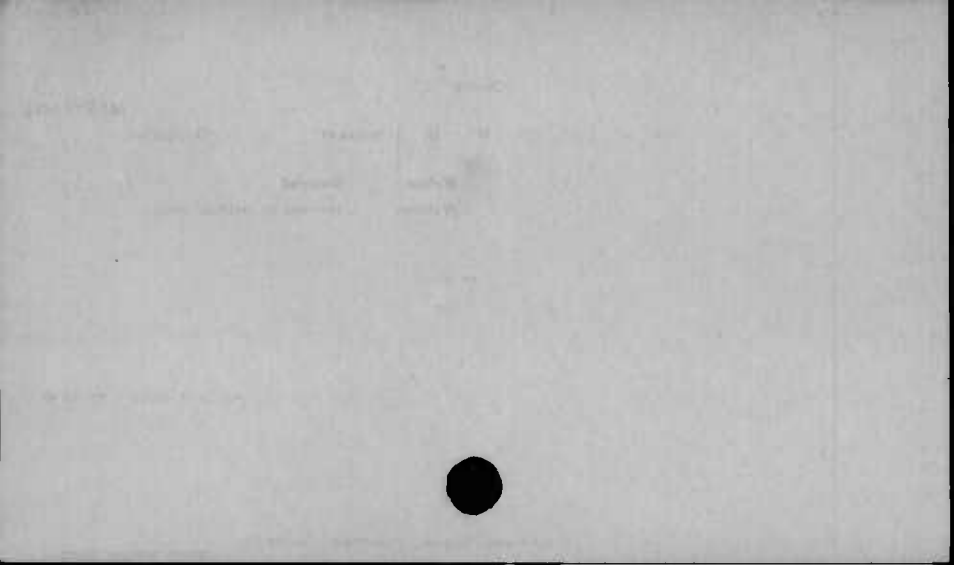
Death { Immediate Asphyxiation Accident, Suicide, Homicide

Reported by Dr. R. F. W. Oppermann

Address Abingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068





Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 19

02

Male

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 22 -

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

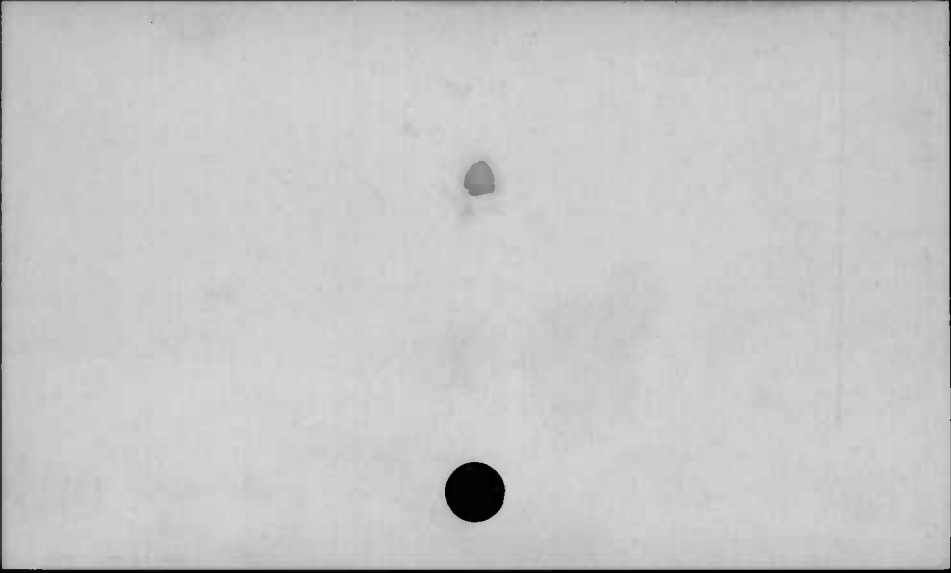
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Thomas V. Powell  
 Town Ham de Gran County Harford MARYLAND

Died at  
 Date 1902 Apr. 20 Month Day Y. M. D. Age 46 Native of Penn. Occupation Carpenter  
 Male White Married Widow ~~Divorced~~ Number of children living Three  
 Female ~~Colored~~ Single Widower

Husband of Mary Powell  
 Wife  
 Father's Name John Powell Mother's Name Maria Gibbitt  
 Maiden Name

Cause of Death Primary Thrombosis Pulmo. six mo.  
 Immediate Paralysis of quivering  
 Accident, Suicide, Homicide

Reported by L. Hoffman Peters M.D.  
 Address Ham de Gran Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Blanch Rice

Town

County

Died at

Federal Hill

Harford

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 26

Age

0 1. 7

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Milly Rice

Cause of

Primary

Emaciation

151

How long sick

5 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

E &amp; Kurt Lindwall

Address

Farmville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Catherine Runsey*  
 Town *Belair* County *Harford*

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Apr

12

Age

93

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

Husband

of

*Geo Runsey*

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

*Pleurisy*

Death

Immediate

*Syncope*

94

How long sick

Accident, Suicide, Homicide

Reported by

*Robert S. Pater*

Address

*Belair*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*George Valentine Spencer*  
 Died at *Waterdale* <sup>Town</sup> *Harford* <sup>County</sup> *MARYLAND*  
 Date *1902* *April* *23* <sup>Month</sup> <sup>Day</sup> *63* <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> *Harford Co.* <sup>Native of</sup> *Laborer* <sup>Occupation</sup>  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ *Colored* ~~Single~~ ~~Widower~~ Number of children living *Seven*

Husband of *Mary Matilda Spencer*  
~~Wife~~  
 Father's Name *Valentine Spencer* Mother's Name *Mary Matilda Ruff*  
 Cause of Death { *Bright's Disease* <sup>Primary</sup> *120* <sup>How long sick</sup> *13 Months*  
 { *Immediate* <sup>Accident, Suicide, Homicide</sup>

Reported by *Chas. E. Hornberger, Undertaker*  
 Address *Benson Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Husband of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

~~Divorced~~

Single

~~Widower~~

Number of children living

MARYLAND

Mary A. Tucker

John A. Stitiloff

Maiden Name

Sarah B. Weaver

How long sick

Two Years

Primary

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Wm. R. Smith M.D.

Jarrettsville Md.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

Benjamin Swartz  
 Town County

Died at Abingdon Harford MARYLAND

402 Month Day Y. M. D. Native of Occupation  
 Date 189 Apr 11 Age 54 10 Md. Farmer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of Mary Ann Swartz  
 Wife  
 Father's Name Mother's Name

Cause of Death { Primary Mitral Regurgitation Heart  
 Immediate  
 How long sick  
 Accident, Suicide, Homicide

Reported by Chas E Roth  
 Address Edgewood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mrs Ruth A Swetting

Town

County

Died at

MARYLAND

Date 1902 4 24 28 75 ma ma  
 Month Day Y. M. D. Native of Occupation  
 Male White Married Widowed  
 Female Colored Single Widowed Number of children living

Husband of Edward Swetting  
 Wife of  
 Father's Name Mother's Name

Cause of { Primary Gastritis 104  
 Death { Immediate General Debility  
 How long sick 2 wks  
 Accident Suicide Homicide

Reported by J. B. Stier  
 Address Perryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Sarah A Tuckton

Town

County

Died at

Abingdon, Harford

MARYLAND

Date 189

02

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 30

Age

84

Harford

7 years

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband

of

Wife

Father's

Name

Sampson Tuckton

Mother's

Name

120

Cause of

Primary

Chronic Parenchymatous Nephritis

How long sick

2 yrs +

Death

Immediate

Uræmia

Accident, Suicide, Homicide

Reported by

Robert S. Page M.D.

Address

Bel Air

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65066

Broad Tordens May 20  
at Livingston =

Name In Full

Certificate of Death

Annie Olivia Whitaker

Town

County

Died at

MARYLAND

Date 19 02 Month 4 Day 18 Y. 27 M. — D. — Native of 1/2 Ireland Occupation —

Male

White

Married

Widow

Divorced

Female

Colored

Single

WidowerNumber of children livingHusband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Josephine Whitaker

Town

County

Died at

Chestnut Hill

Hampden

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1904

4

5-

Age

65-

Ohio

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

6 ~~36~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, ~~Suicide~~, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Olivia M. Wilson

Town

County

Died at

MARYLAND

Date 1902 4 10 | Month 4 Day 10 | Y. 54 M. - D. - | Native of Maryland | Occupation Housewife  
~~Female~~ White Married Widow ~~Divorced~~  
Female ~~Colored~~ Single ~~Widower~~ Number of children living 1

Husband of William A. Wilson  
 Wife

Father's Name 150  
 Mother's Maiden Name

Cause of { Primary Chronic Nephritis | How long sick  
 Death { Immediate Heart Enlargement | Accident, Suicide, Homicide

Reported by E. M. Allwater M. D.  
 Address Upper Falls Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

